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MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Furth Ph 3-3181

SOCIAL SECURITY NO. 247

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County Maricopa State ARIZONA
Township Phoenix or Village Paces Rest Home
City Phoenix (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward

Length of residence in city or town where death occurred 4 yrs. 9 mos. 12 ds. How long in U. S. if of foreign birth? 49 yrs. 9 mos. 12 ds.
2. FULL NAME Hyrum Dana How long in State where death occurred? 49 yrs. 9 mos. 12 ds.
(a) Residence: Mesa, Arizona (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Mabel Dana
(or) WIFE of Mabel Dana

6. DATE OF BIRTH (month, day, and year) June 10, 1890

7. AGE Years 49 Months 9 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own ranch

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Johns (State or Country) Arizona

13. NAME George Carliss Dana

14. BIRTHPLACE (city or town) Nauvoo (State or Country) Ill.

15. MAIDEN NAME ???? Phelps

16. BIRTHPLACE (city or town) Unknown (State or Country)

17. INFORMANT Harvey Dana (Address) Mesa, Arizona

18. BURIAL, CREMATION, OR REMOVAL
Place Mesa, Arizona Date 7-27-40

19. EMBALMER { License No. 222-A
Signature R. N. Dabell
FUNERAL DIRECTOR Weldrum Mortuary
Address Mesa, Arizona

20. Filed 4-11, 1940 James P. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar. 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1940 to March 22, 1940
I last saw him alive on March 22, 1940, death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:
Scarlet Fever Date of Onset 3/12/40
Other contributory causes of importance:
hepatitis 3/19/40

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify M. D. James P. Johnson
Prof. J. Muldrew